

- ( ☐ ) DMS-TP -Inexperienced Permit  
( ☐ ) DMS-2 -Miner Certification  
( ☐ ) DMS-3 -MSHA Experienced Miner  
(Out-of-State Transfer)

COMMONWEALTH OF KENTUCKY  
Division of Mine Safety

APPLICATION FOR MINER CERTIFICATION

PLEASE USE INK ONLY TO FILL OUT

☐ UNDERGROUND ☐ SURFACE

For Branch Office Use Only: Temporary Permit No.:	Miner ID No.:	For Frankfort Office Use Only: Class No.:
------------------------------------------------------	---------------	----------------------------------------------

To be completed at Branch Office

Breath alcohol screening test results Date ☐ negative ☐ positive ☐ Identification verified through photo ID  
Date ☐ negative ☐ positive ☐ Identification verified through photo ID  
If positive, results of a confirmation breath alcohol test must be recorded on a form BATF-1 and attached.

First Name	Middle Initial	Last Name	SOCIAL SECURITY NUMBER											
Address		Telephone No. ( )	Date of Birth / /		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>									
City		State	Zip Code	County										
CIRCLE HIGHEST GRADE COMPLETED				MINING EXPERIENCE		MINING DEGREE								
1	2	3	4	5	6	7	8	9	10	HIGH SCHOOL DIPLOMA (OR GED)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YEARS	MONTHS	2-YR TECH <input type="checkbox"/> 4-YR BACHELORS <input type="checkbox"/>
NAME OF TRAINING AGENCY												INSTRUCTORS NAME		
ADDRESS OF TRAINING AGENCY												PHONE NUMBER ( )		
Mine Licensee Name												Licensee Telephone No. ( )		
Address												Mine Name and/or Number		
City		State	Zip Code	State File No.										

- ( ☐ ) \*\* DMS-TP – I hereby certify that the person identified above has completed an approved **40-hour/24-hour** inexperienced miner class which began on / / and ended on / /
- ( ☐ ) \*\* DMS-2 – I hereby certify that the miner identified above has 45 or more working days and has received 8 hours of mine specific training. (List mining experience below.)
- ( ☐ ) \*\* DMS-3 – I hereby certify that the miner identified above has at least 45 days mining experience. (List mining experience below.)
- Mining Experience: from / / to / /
- List below jobs performed related to the mining cycle during the 45 or more working days:

\*Applicant must provide proof of 16-hour annual retraining of which at least 8 hours of training must be administered by a Kentucky approved instructor, as set out on a Form 5000-23.

\*Surface applicant must provide proof of 8-hour annual retraining as set out on a Form 5000-23.

Signature of Applicant

Signature of Kentucky Certified Instructor

Signature of Certifying Company Official

Instructor's Kentucky Certification No.

#  
Signature of Certified Mine Foreman (if applicable).

\*\* The instructor is required to emboss this document with his/her Kentucky Certified Instructor seal.

EG-47 (Rev. 03/19)

This form may be reproduced but CANNOT BE ALTERED.

FOR BRANCH OFFICE USE	
DISTRICT	DATE SENT TO FRANKFORT / /
REVIEWED	INITIALS
	DATE OF TRAINING OR CERTIFICATION / /